

## **REMARKS**

Claims 1 – 22 are pending in the application.

### **Claim Rejections – 35 USC 102**

In this section of the official action, Claims 1 – 22 were rejected under 35 USC 102(e) as being unpatentable over Tarr U.S. Patent 6,222,544B1. Favorable reconsideration of this rejection is respectfully requested in light of the above amendments for the reasons outlined below.

The present invention provides an intuitive system that allows a medical practitioner to take a continuous variable such as temperature, and divide it up into internal regions, thus normal, caution and alert. The regions can then be labelled using intuitive labels, say traffic light colors. The patient can then be sent home, allowed to take his own measurements and he can then intuitively understand the color coding. Furthermore the regions are connected to rule based processing. A rule input device means an input for setting within the system a logical connection for defining outputs based on inputs and relationships between inputs, thus  $Y=A\&B$ . The system outputs can for example define actions such as sending an automatic warning to the doctor.

Moving to the rejections, and Tarr teaches a graphical user interface for a patient treatment system. The graphic interface permits graphical presentations of treatment parameters including machine positions and treatment parameters. It allows multiple fields to be grouped sequentially as an intensity modulated field, but crucially there is no disclosure of taking *a parameter*, representing the parameter as an area or region and then *subdividing the region internally* into subregions. Whilst

Tarr teaches manipulation of the graphics to permit *editing* of treatment information, he does not teach *labeling* of the *internal* subregions, and he does not teach *rule-based outputs* based on where a parameter measurement falls within the subregions. Rather Tarr appears to teach a graphical representation which is used by an operator to make his own manual decisions, c.f. the paragraph beginning on column 4 line 63, where the therapist simply carries out the instructions of the oncologist. There is clearly no rule-based processing.

Likewise the Examiner is referred to Figs 12 and 13 where clearly an editing process is discussed. The process of preparing the graphics is a manual process of telling the machine what to do, manually making the images, obtaining approval from a human specialist based on the graphics, accepting the images and then using the images as input to the radiation therapy machine. There is no input of a processing rule, and there is no measurement of the input parameters to produce an output decision.

In light of the above it is submitted that Tarr does not teach:

*A parameter evaluation system* since he teaches a user interface for a radiation therapy device, and is not interested in evaluation of parameters, but rather operation of the device.

*a boundary input device configured for setting internal boundaries inside a variation range of one or more continuous parameters, thereby to define a plurality of internal regions within said variation range*, since he does not set internal boundaries within a variation range of a parameter,

*a label input device configured for associating labels with said internal regions*, since he does not have internal regions and does not associate them with labels,

*a rule input device configured for setting rules to associate at least one of a plurality of output recommendations with each of said internal regions and with combinations thereof, since he uses manual decision making and even if there are logical rules used for governing the freedom of the graphics to avoid overstepping the limits of the machine, there is no rule input device for allowing the operator to input his own rules at the time of use.*

*an output device configured to present a user with an output recommendation associated with a respective internal region or combination thereof, said output recommendation corresponding to at least one measured parameter input to said system. Tarr does not make output recommendations. The finalized graphics as formulated by a human user are approved by a human user and used as *input* to the machine.*

Claim 21 is believed to be allowable for the same reasons as claim 1, and more so, since the method of Tarr is as shown in Fig. 12, namely a user edits a graphic. The graphic is approved and used as input to the device. Claim 21 teaches by contrast:

*A method of associating a series of outputs with detected levels of a plurality of continuously varying parameters, said detected levels comprising an outcome, there are no outputs in Tarr, no detection of levels and certainly no detected levels that comprise an outcome.*

*There is no setting one or more boundary levels for each parameter, thereby defining regions between each boundary level, since no internal regions are created within parameters.*

*associating categorization labels with each said defined region, there are no such defined regions and thus they cannot be associated with categorization levels.*

*associating rules with each region and with combinations of regions of different parameters to associate a series of outputs with said regions and combinations, such that at least one of said series of outputs is produced by an outcome.* No rules are associated with any region since Tarr does not teach any kind of rule-based processing. There is certainly no teaching of combining *regions of different parameters* in a *single rule* to produce an *output recommendation*.

The remaining claims are believed to be allowable as being dependent on allowable main claims.

All of the matters raised by the Examiner have been dealt with and are believed to have been overcome. In view of the foregoing, it is respectfully submitted that all the claims now pending in the application are allowable over the cited reference. An early Notice of Allowance is therefore respectfully requested.

Respectfully submitted,



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